

Bringing Response to Intervention (RtI) into Preschool – Bridging Research and Practice

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Today's Discussion...

Some Points to Ponder

- What are the *appropriateness and conceptual 'fit'* of Rtl in early childhood services?
- To what extent can available research and evidence-based practices support *rapid design and implementation of effective Rtl models*?
- What are the *needed areas of research and practice development* to fully realize the promises of Rtl in early education?

To Get to that Discussion

- Broad overview of Response to Intervention and its conceptual and empirical roots
- Consideration of the essential components and challenges in bringing Rtl to preschool
- An emerging research agenda for addressing these challenges
- Discussion



Rtl Overview and Conceptual Roots

Public Health Perspective on the Broad Array of Early Intervention Programs

- Population-based perspective
- Prevention model
 - Intent of Early Intervention: To reduce or eliminate need for special education services in later years
- Early identification and treatment
- Dynamic allocation of intervention resources
 - Primary, Secondary, & Tertiary Prevention

ECE as Prevention - The Intent

- Early childhood services that ...
 - Are *responsive* to individual children's circumstances and needs,
 - Provide a *range of prevention and early intervention services*
 - Remediate *current* deficits and delays
 - Prevent *future* delays and restrictive placements
 - Are *effective* and *cost-efficient*

3 Levels of Risk and Prevention in Early Intervention

- Practices that promote healthy development and prevention of the onset of delay (“Tier 1”)
- Practices targeting the most at risk to prevent a delay from becoming a disability (“Tier 2”)
 - T1 and 2 work together to reduce the full consequences of disability to individuals and the system
- Children with a disability are treated to mitigate the full consequences of the condition (“Tier 3”)
- Early detection and intervention at T1 and 2 may well minimize the overall negative impact of a disease, disability, or other negative outcome.

What *is* Response to Intervention (RtI)?

- RTI is a systematic problem-solving process designed to
 - allow for earlier identification of students' difficulties
 - provide students with a level of instructional intensity matched to their demonstrated response to intervention
 - provide a data-based method for evaluating the effectiveness of instructional approaches and changing/improving them
- RTI is intended to reduce the need for special education by improving and providing services early
- RTI services are individualized and based on evidence-based strategies.
- RtI services assume a high quality of “general” intervention, and add resources and services as needed

Three-Tier Rtl Model

ACADEMIC SYSTEMS

TIER 3 Intensive, Individual Interventions

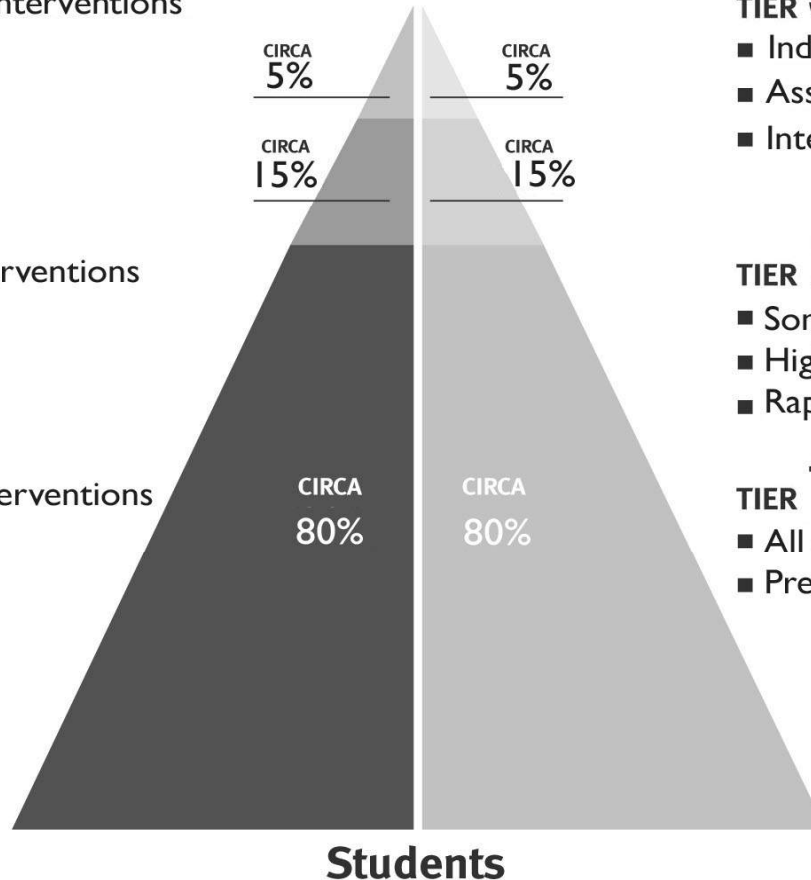
- Individual students
- Assessment-based
- High intensity
- Of longer duration

TIER 2 Targeted Group Interventions

- Some students (at-risk)
- High efficiency
- Rapid response

TIER 1 Core Instructional Interventions

- All students
- Preventive, proactive



BEHAVIORAL SYSTEMS

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- All settings, all students
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The Promise - Key Elements

- Instruction that is more individualized, more responsive to children's needs, and that can be implemented without long delays
- Assessment that helps determine when something more is needed, and how it's working
 - Children not meeting developmental goals
 - Support for intervention allocation decisions
 - Short-term response to intervention
- A coordinated system of care and education that finds children, and brings services to them at appropriate speed

Getting to RtI into PreK

- Tiered models of service
- Finding and monitoring individuals in need of more intensive service
- Designing and implementing effective interventions at all tiers
- Coordinated system of care and education

Tiered Models of Service

- Tier 1 - “Early Care and Education” - High-quality, evidence-based services and supports in generic settings
- Tier 2 - “A bit more” - increased intensity, duration, or content in generic settings
- Tier 3 - “Special education” - Our rich tradition of individualized special education and related services

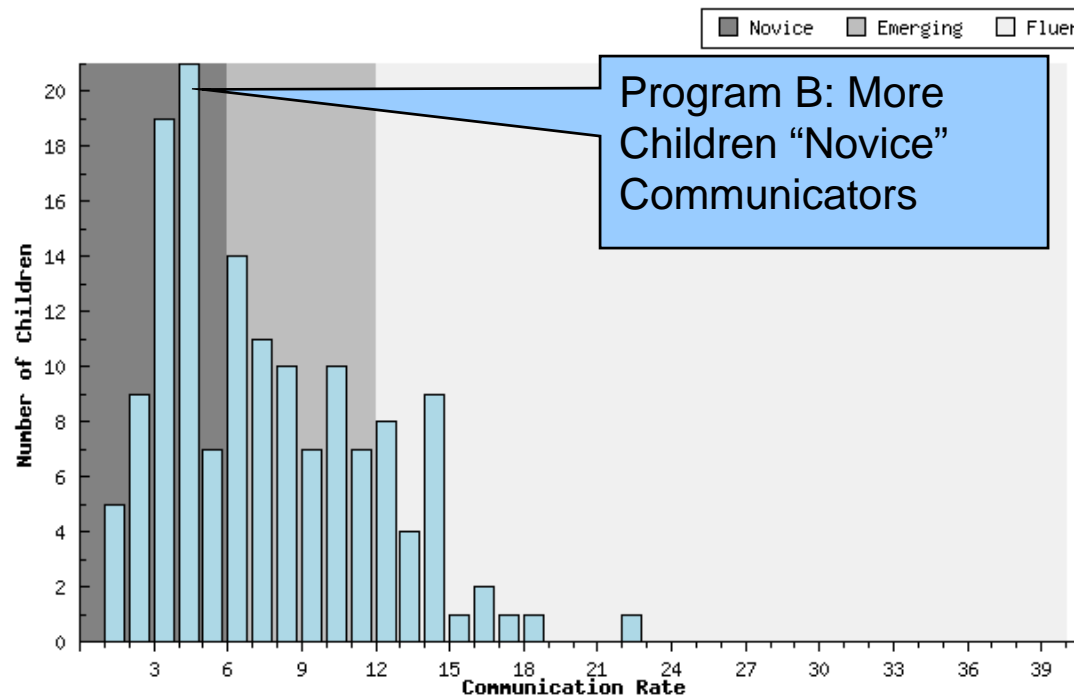
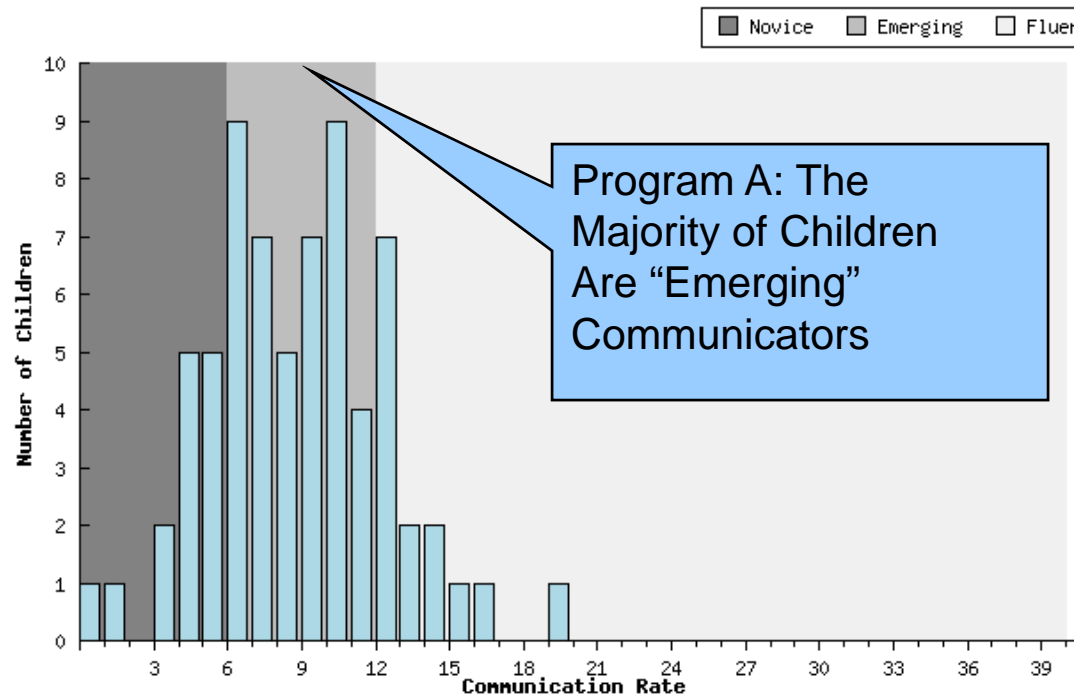
Finding and Monitoring Individuals

Program Level Early Communication Fluency Distribution (Rate per Minute)

Fluent communicators are children with total communication scores of 12 per minute and higher (They have all key skills in evidence).

Emerging communicators are children with total communication scores between 6 and 12 per minute (They are acquiring words and multiple words).

Novice communicators are children in transition from prelinguistic to spoken language between 0 and 6 per minute. (They are primarily prelinguistic communicators).



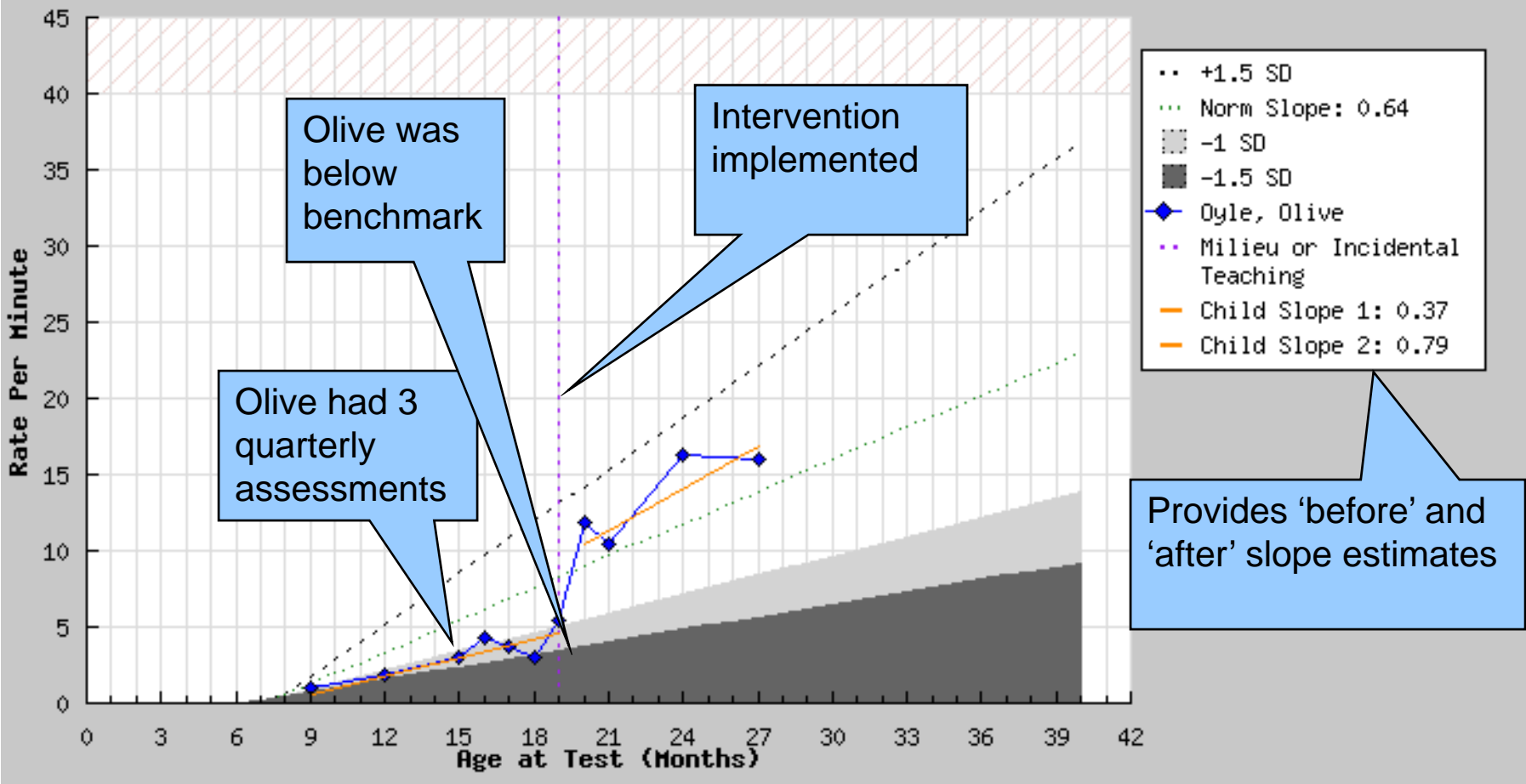
Individual Child Progress Monitoring

Weighted Total Early Communication

Program: Juniper Gardens Test

Child: Oyle, Olive

Last ECI: 05/28/2005



Designing and Implementing Effective Interventions

- Implementing evidence-based curricula and practices in early care and education settings
- Expanding curriculum, instructional practice, and professional development resources to ensure effective “Tier 2” services
- Developing and/or implementing effective and efficient special education planning and implementation in early care and education, as well as more specialized, settings

A Coordinated System of Services and Supports

- High-quality “generic” services and supports
- Regular assessment and communication
- Integrated and coordinated services at Tier 2 and, perhaps, Tier 3
- Few administrative and programmatic barriers that slow changes in service

Who's going to do it?

- Children and access points - enrollment in publicly funded programs, private programs with some public service, screenings
- Teachers and providers - great diversity of staff, background experiences, program focus
- Parents

Moving from Ideas to Analysis...to Research

- Rtl is still on shaky grounds as an educational innovation
 - The concept is fairly well developed, but variations (What's tier 3? Who provides Tier 2?) still exist
 - Some evidence of efficacy in K-12 settings
 - No direct tests in PreK
- Moving forward will require...
 - Careful analysis of specific challenges
 - Program of research to address these challenges, document Rtl's effects

Identifying Challenges in Translating Rtl to Pre-K

Essential Components of RtI

1. Use of multiple tiers of intervention
2. Reliance on evidence-based practices in all tiers
3. Use of monitoring to determine if students are making progress
4. Problem-solving approach to determine most appropriate level of intervention for individual students

Challenges of Component #1: Translating Tiered Model to Pre-K

- Lack of an infrastructure to support intervention in multiple tiers:
 - Availability of personnel who can implement interventions in advanced tiers
 - Limits of time and space to carry out additional instruction in preschool settings

Component 1 Multi-tier Model

ACADEMIC SYSTEMS

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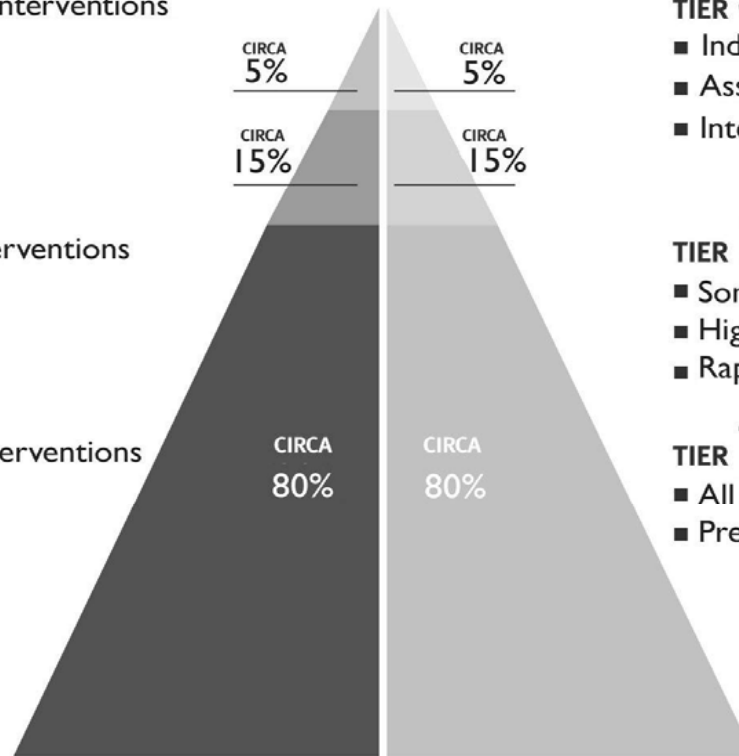
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Students

BEHAVIORAL SYSTEMS

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Challenges of Component #1: Translating Tiered Model to Pre-K

- No readily available formula for identifying the best candidates for Tier 2 and Tier 3 intervention.
 - No guidelines for knowing the proportion of children in each tier
 - How will the proportion vary across settings (e.g., for settings serving primarily higher risk children such as Head Start)
 - Will multiple tiered intervention be available across areas (e.g, language, literacy, social/emotional etc.)?
 - Will children receive higher tiered instruction in multiple domains? If so, how?

Challenges Related to Component #2: Availability of Evidence-Based Interventions for Pre-K Settings

- Need for scaling up of evidence-based Tier 1 interventions:
 - While we know that strong Tier 1 interventions will reduce the need for more intensified interventions for most children, we see limited implementation of evidence-based intervention in community-based early education settings.
- Few evidence-based Tier 2 and 3 interventions have been developed.
- Scarcity of high quality approaches to professional development to support high quality implementation of evidence-based practices at all levels

Challenges of Component #2:

Availability of evidence-based interventions for pre-k settings

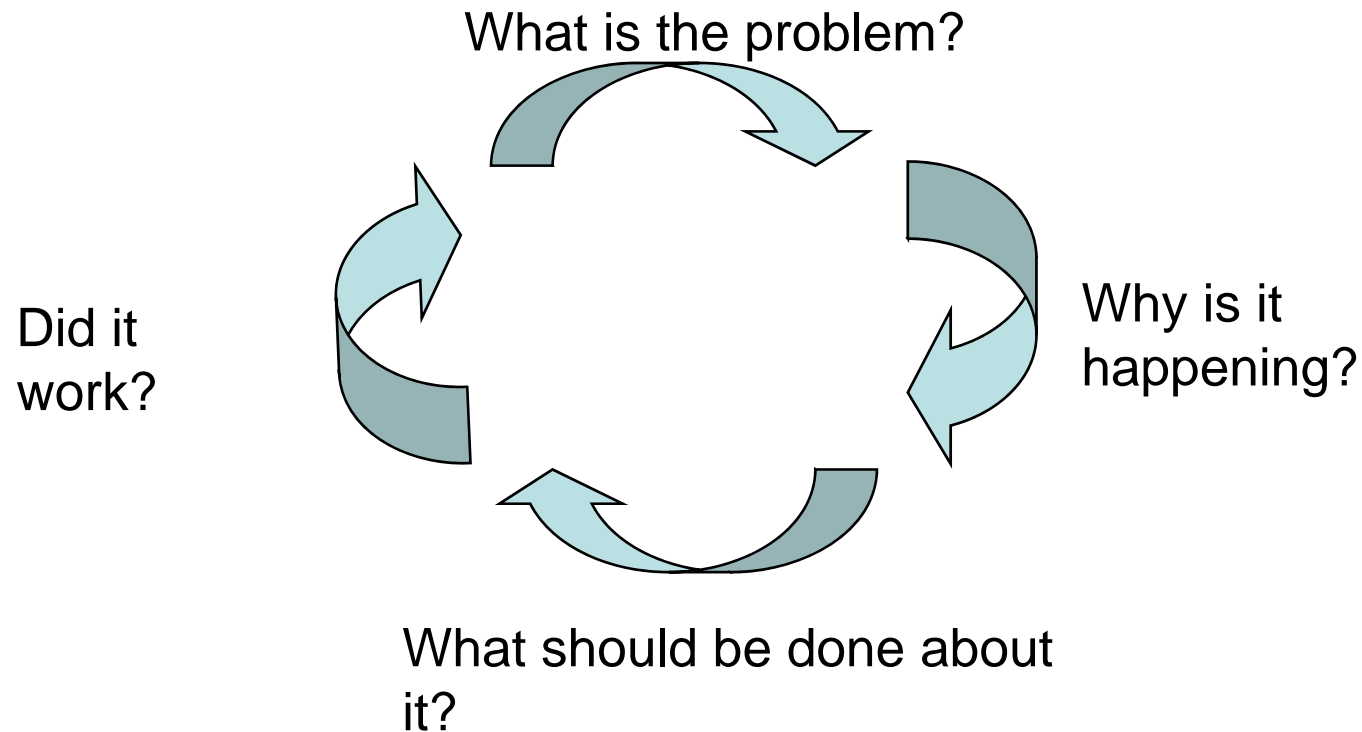
- Value of intentional and systematic instruction in early education is not shared by all.
- While everyone wants all children to be successful in kindergarten, we don't all agree on the path to getting there.
- Need for an understanding that intentional instruction is necessary in ece to advance outcomes in **early literacy/language** as well as **social-emotional** outcomes.

Challenges of Component #3: Progress Monitoring

- Tools for monitoring key indicators of progress are relatively limited.
- Guidance is needed about what to monitor, how often to inform intervention decision-making.
- Unclear who would do progress monitoring in any of the tiers.
- Instructional staff most likely to be available to do the monitoring are relatively unskilled.

Component 4

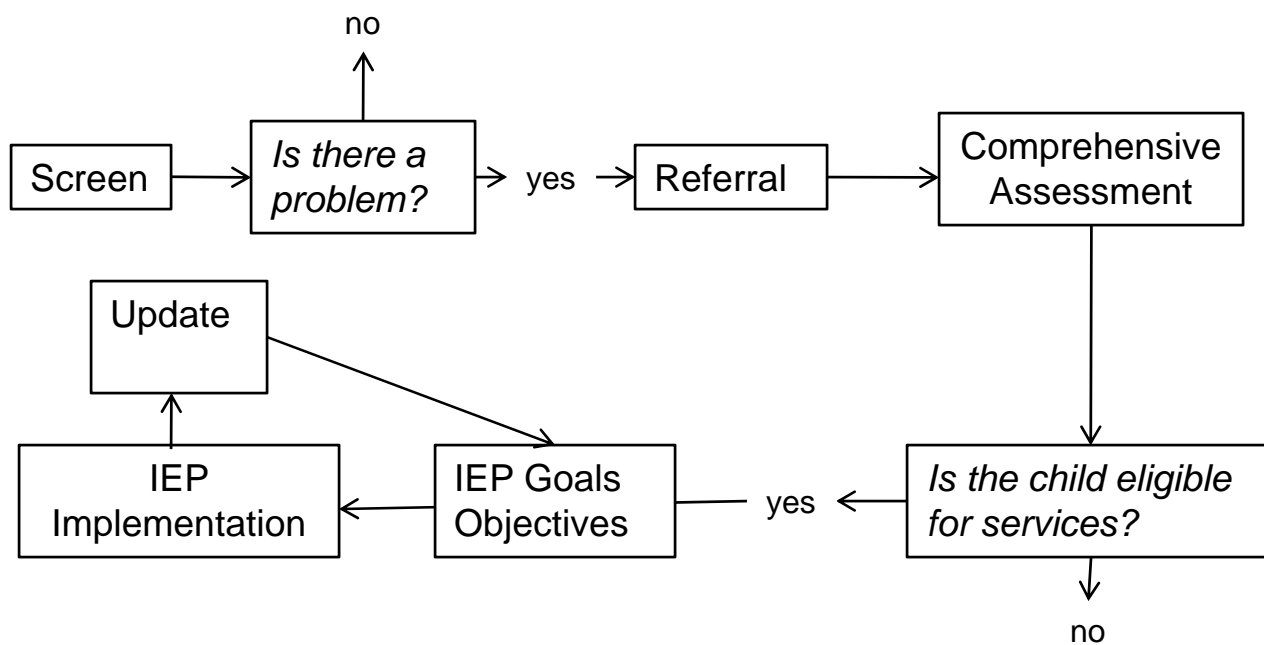
Problem-Solving Model



Challenges of Component # 3: Problem-Solving Model

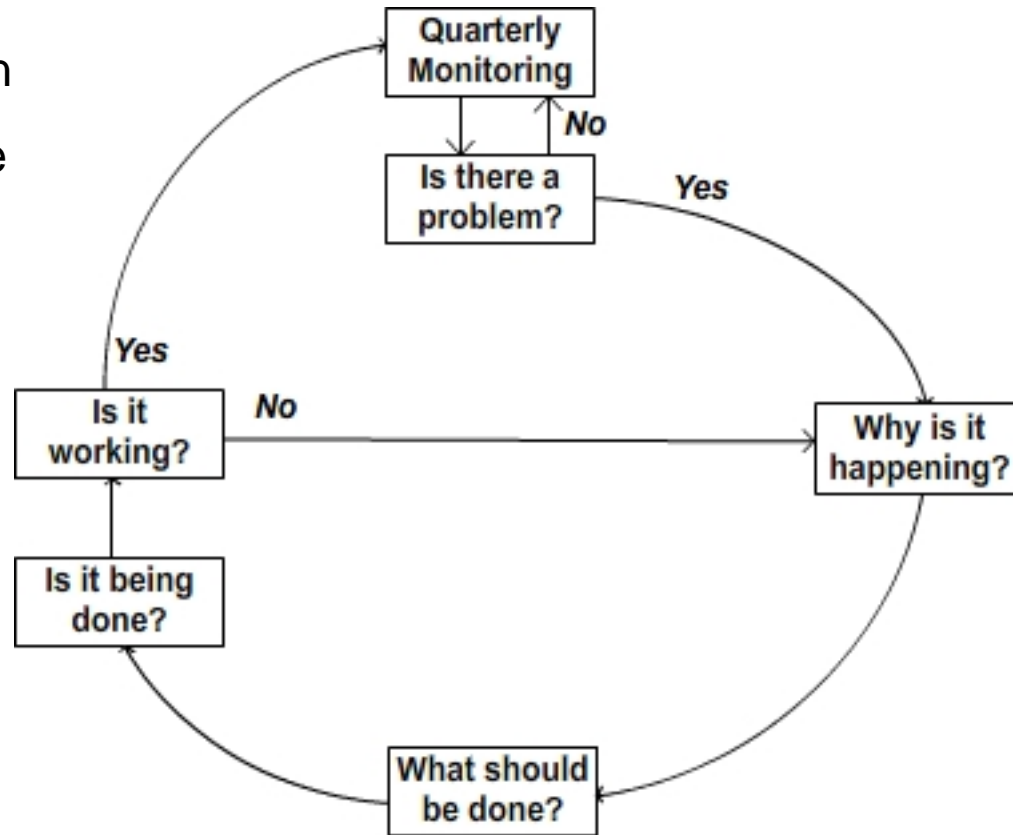
- Current models of screening, assessment, intervention and monitoring are primarily the domain of special education with limited communication/coordination with personnel in early education settings

Typical Current Pathway to Individualized Intervention



Problem-Solving Model Assumes Greater Coordination between ECE and ECSE

- More Dynamic
- More Data-Driven
- More Responsive



Challenges of Component # 3: Problem-Solving Model

- Takes time for model to play out
- For an individual child, how long will it take to carry out problem-solving model, implement intervention strategy, and monitor progress to find appropriate tier of intervention?
 - Will referrals to special education take longer using this type of model?

Challenges of Component # 3: Problem-Solving Model

- Model relies on information gathered and shared across settings.
 - How will early education and special education staff work together to make problem-solving model work efficiently?

Challenge that cuts across components: Personnel development required

- Staffing Rtl models—who is the team that implements the RTI model?
- Who does the progress monitoring?
 - Who implements Tier 2 and Tier 3?
 - Can para-professional staff implement interventions with the quality needed?
 - What are the implications of training early education staff in light of high staff turnover rates?

Final Challenge

- What will motivate ECE programs to do the progress monitoring and professional development necessary to implement the model?

Summary

- What we have are some ideas of what *could* be and what it could offer the field, there's a BIG GAP between that and the real world of community-based early education.
- Key challenges exist in terms of
 - Need for more evidence-based interventions to be used in each tier and their scaling up
 - Need for progress monitoring measures
 - Need for infrastructure to support their high quality implementation
 - Need for a system of seamless coordination of ece and ecse services